



P.E. Registration Form 20____ - ____ (school year)

****BOTH PAGES OF THIS FORM MUST BE COMPLETED****

Contact Info:

Parent or Guardian: _____
(last name) (first name)

Home Address: _____
(street)

(city) (state) (zip code)

Cell phone: _____ Email: _____

Please list child(ren)'s name & date of birth; circle PreK/K, Elementary, Middle School, or High School; and circle gender.

- Name: _____ DOB: __/__/__ PK/K E MS HS Gender: M F
- Name: _____ DOB: __/__/__ PK/K E MS HS Gender: M F
- Name: _____ DOB: __/__/__ PK/K E MS HS Gender: M F
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- Name: _____ DOB: __/__/__ PK/K E MS HS Gender: M F

Please check that you have read and understand each of the following statements:

- I understand that P.E. is not a drop off event, and that I will remain on the premises to be available in the event that I am needed to care for my child in any way. If for some reason I must leave the park, I will let the coach know which adult remaining at the park is responsible for my child in my absence.
 - I understand that should my child be disruptive to the class, he or she will be asked to leave and will be under my supervision for the remainder of P.E.
 - I understand that the P.E. coach will speak with me directly if there is a behavioral concern with my child.
 - I understand that it is my responsibility to contact the coach first if I have concerns. If things are not resolved, then I will approach the head coach for my child's age group. If things are still not resolved, then I will approach the P.E. director. If things are still not resolved, my final place of appeal will be the CHET-SE board.
 - My child has a medical issue (child's name & details) _____
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- If my child needs advanced medical intervention (e.g. intervention that requires the use of an epi pen or inhaler) I will be nearby to intervene should the need arise for my child to be assisted in this way.

My CHET-SE membership is current
 I need to renew my CHET-SE membership or become a CHET-SE member



Permission & Release Form 20____ - ____ (school year)

This form must be completed by all members and guests to participate in any activity

I, the undersigned parent/guardian, do hereby grant permission for my child(ren) listed below to participate in CHET-SE Activities. In order that my child may receive the proper medical treatment in the event that he/she sustains injury or illness during any CHET-SE activity, I hereby authorize a supervising adult to obtain or provide medical treatment for my son/daughter for such injury or illness during the CHET-SE activity, and I hereby hold CHET-SE, as well as its representatives, harmless in the exercise of this authority. I hereby release from any liability CHET-SE and all adult supervisors and class helpers in the event of any accident en route to or during activities. I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during any CHET-SE activity.

I also understand that the P.E. Program includes activities such as running, jumping, stretching, and other physical exertion to benefit the students. Understanding that there is always a possibility that my son/daughter may sustain physical illness or injury, I acknowledge and understand that my son/daughter is assuming the risk of injury or illness by his/her participation, and I further release CHET-SE and its representatives from any claims for personal illness or injury that my son or daughter may sustain during P.E. activities. I am aware that if my child has a medical condition that prevents or prohibits him/her from participation in any P.E. activity (i.e. running, jumping, stretching) I must notify the P.E. Coach on the day of participation.

Name of Child(ren)	Age	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian _____
(Please print) **Last Name, First Name** **Cell Phone**

Emergency Contact (if parent/guardian is not available): relationship to child _____

_____ **Contact's Last Name, First** **Cell Phone**

Signature of Parent/Guardian Date